MENTALLY ILL OFFENDER

Program Evaluation Survey

This survey will become part of your county's MIO contract with the Board of Corrections. For purposes of this survey:

- "Program" refers to a defined set of interventions that will be given to a specified research sample in order to evaluate well-stated hypotheses. If you have more than one Program, please fill out a separate survey for each Program.

- "Research Design" refers to the procedures you will use to test the stated hypotheses for your Program. In some instances you will have more than one Research Design for a Program, in which case a separate survey must be completed for each Research Design.

- "Project" refers to all the work that you propose to do with the MIO Grant. For example, if you have two Programs and two Research Designs for each Program, the entire effort would constitute your Project (and you would complete four surveys).

To simplify the task of completing this survey, we refer you to two sources: 1) the initial Research Design Summary Form, and 2) your Program's responses to the technical compliance issues identified during the grant review. If no additional information was requested of a particular item on the Research Design Summary Form, you can enter the original text into the appropriate space below. If more information was requested, provide a more complete response.

1.	County:	
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1c.	Principal Data Collector:	Phone:
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2. **Program Name:** Current Board of Corrections grant participants have found it useful to pick a name that helps them to create a Program identity (two examples are the "IDEA" Program and the "Home Run" Program). Indicate the title you will be using to refer to your Program.
   The Board of Corrections funded mentally ill offender crime reduction grant program will be called F.O.R.T. Humboldt. The acronym F.O.R.T. stands for Forensic Offender Resource Team.

3. **Treatment Interventions**: Describe the components of the Program that you will be evaluating. Another way of saying this is, "Describe how the 'treatment' offenders (those in the Program) will be treated differently than the comparison offenders (e.g., services while incarcerated, more intensive supervision, more thorough assessment, a wider range of services, more aggressive case management, better aftercare)."
   Mentally ill offenders currently in the Humboldt County Correctional Facility (HCCF), a population that generally varies between 70 and 90 inmates, have access to basic mental health and substance abuse treatment. The mental health treatment options include: crisis intervention services provided by a Licensed Psychiatric Technician (LPT); assessment and brief therapy with an LCSW clinician; and medication services by a Humboldt County Mental Health psychiatrist who is on-site 2 or 3 afternoons each week. A discharge planner participates in inmate discharge planning and, in some cases, facilitates access to needed services when mentally ill inmates are discharged from the HCCF. There is currently 1.0 FTE substance abuse counselor for the entire HCCF, which has a daily

population of about 360 inmates. Mentally ill inmates currently in the HCCF have access to the Humboldt County Mental Health (HCMH) 16 bed psychiatric hospital if they require psychiatric hospitalization. Case management services are not available in the HCCF. There is currently minimal coordination between the HCMH Jail Mental Health Services staff and key agencies such as the Humboldt County Probation Department. Perhaps most important, the inmate's follow-through with mental health and substance abuse treatment referral is rarely stipulated as an element of the mentally ill offender's probation.

After discharge from the HCCF, the mentally ill offender has access to the full array of Humboldt County Mental Health and Humboldt County Alcohol and Other Drugs program services. Those services are very frequently not accessed by the mentally ill offender. The Humboldt County Probation Department is over-loaded with cases. If mentally ill inmates are placed on probation, contact with the assigned probation officer will be minimal. Drug testing is seldom, if ever, done.

Assistance with accessing an income, finding suitable housing, accessing needed health-care and developing a supportive, non-toxic, non-substance abusing support system is essentially non-existent.

Mentally ill offenders who will be in the research project control group will have access to the above array of services. The three key elements to service delivery to mentally ill inmates in the treatment group are enhanced service levels, highly coordinated service delivery between Humboldt County Mental Health, the Humboldt County Alcohol and Other Drugs program, and the Humboldt County Probation Department. Enhanced services will begin for the mentally ill offender treatment group while they are in the HCCF. While the treatment group member is in the HCCF a needs assessment and treatment plan will be developed by the multi-disciplinary Jail Forensic Team. The needs assessment and treatment plan will address the following areas: physical health, medical history, current mental status, psychiatric history including a review of psychiatric medications and medication compliance, current psychiatric and physical health medications, income source, housing needs, employment and/or training interests, potential and history, learning disability review, family/natural support system review and assessment, socio-cultural history, substance abuse history review and current status assessment, gender specific needs assessment, criminal history review, and probation history review. In addition to all of the above, the treatment group member will be oriented to the FORT Humboldt program service options and participant expectations.

Enhanced substance abuse treatment, if indicated, will be initiated while the treatment group member is in the HCCF. Contact with the assigned case manager and the assigned probation officer will occur while the treatment group member is in the HCCF.

Pre-HCCF discharge planning and preparation will include scheduling of mental health and substance abuse treatment needs, physical health care needs if required, electronic monitoring needs if indicated, housing needs and income needs.

At the time of discharge from the HCCF, the treatment team member's case manager and/or probation officer will meet the member "at the door" to ensure immediate access to needed services and adequate food, clothing and shelter.

After discharge from the HCCF, the treatment group member will experience intensive service delivery and monitoring from the assigned masters degree clinician, the substance abuse counselor, the probation officer and the case manager. Each of these individuals will have a case load substantially smaller than the respective counterpart in the standard service delivery systems. Each member of the multi-disciplinary team will be providing services and/or monitoring the treatment group member to assure compliance with the treatment plan and with the stipulations of probation, including drug screening and electronic monitoring, if indicated.

Over time, as the treatment group member establishes himself or herself in the community, complies with treatment and adheres to the stipulations of probation, monitoring and the frequency of therapeutic contact will diminish until the treatment group member is able to successfully transition to the standard community service delivery system.

4. **Research Design:** Describe the Research Design that you will be using. Issues to be addressed here include the name of the design (e.g., true experimental design), the use of random assignment, and any special features that you will include in the design (e.g., the type of comparison group you will use for quasi-experimental designs).

The research design is a true experimental design. The participants will be randomly selected from a pool of inmates meeting the target population criteria.

There are three key features of the evaluation research design. First, the design is experimental. The Treatment and Comparison Group members will be randomly selected from a pool of eligible mentally ill HCCF inmates.

Eligibility is determined by the Presiding Judge and Jail Forensic Team from assessment of mental health status, supplemented by assessment of other risk factors. The supplementary risk factors include correctional classification, public risk and probation status assessment. Second, multiple (including both quantitative and qualitative) data gathering techniques will be employed (using official records, questionnaires, interviews, case studies and participant observation) to track change among the Treatment Group and the Comparison Group participants and staff, in a well-validated process and outcome evaluation. Third, the evaluation team will conduct a structured form of participatory evaluation research (PER). PER has been shown in the literature to increase utilization of evaluation results and to improve program effectiveness.

4a. Check (✓) the statement below that best describes your Research Design. If you find that you need to check more than one statement (e.g., True experimental and Quasi-experimental), you are using more than one Research Design and will need to complete a separate copy of the survey for the other design. Also, check the statements that describe the comparisons you will be making as part of your Research Design.

	Research Design (Check One)
X	True experimental with random assignment to treatment and comparison groups
	Quasi-experimental with matched contemporaneous groups (treatment and comparison)
	Quasi-experimental with matched historical group
	Other (Specify)

	Comparisons (Check all that apply)
	Post-Program, Single Assessment
	Post-Program, Repeated Assessments (e.g., 6 and 12 months after program separation)
	Pre-Post Assessment with Single Post-Program Assessment
X	Pre-Post Assessment with Repeated Post-Program Assessments (e.g., 6 and 12 months after program separation)
	Other (Specify)

4b. If you are using a historical comparison group, describe how you will control for period and cohort effects.
No historical comparison group will be used.

5. Cost/Benefit Analysis: Indicate by checking "yes" or "no" whether you will be conducting a Program cost/benefit analysis that includes at least: a) the cost per participant of providing the interventions to the treatment and comparison groups; b) the cost savings to your county represented by the effectiveness of the treatment interventions; and, c) your assessment of the program's future (e.g., it will continue as is, be changed significantly, be dropped) given the results of the cost/benefit analysis.
5.a,b. See attached graph

Cost/Benefit Analysis			
X	Yes		No

5.c. Assessment of FORT Humboldt's future: Cost effectiveness is the key to the continuation of the FORT Humboldt Program after grant funds are exhausted. The more clearly and effectively it can be shown that the program is effective in reducing recidivism among mentally ill offenders, the more likely it is that the program will be funded after grant funds are exhausted. The proposed program may, of course, be modified based on what is accomplished and learned through the implementation of the grant funded program.

5a. If you will perform a cost/benefit analysis, describe how that analysis will be performed.
A cost/benefit analysis also will be performed. Cost/benefit ratios will be calculated (based on program stakeholder-identified costs and benefits defined through interview with program stakeholders are part of the PER process). These ratios will be constructed to facilitate analyses of (1) comparisons of the

treatment and Comparison Groups, (2) cost/benefit implications to the State of any difference between the Treatment and Comparison groups, and (3) cost/benefit implications for the future of the treatment program in Humboldt County of any cost-benefit differences between the Treatment and Comparison groups.

6. **Target Population**: This refers to the criteria that treatment and comparison subjects must meet in order to be able to participate in the research. Target criteria might include diagnostic categories, age, gender, risk level, legal history, geographical area of residence, etc. Please provide a detailed description of the criteria you will be using and how you will measure those criteria to determine eligibility.

As stated in the MIOCR grant application, the target population for the FORT Humboldt program will be HCCF inmates with the following diagnoses: schizophrenia, schizoaffective disorder, bipolar disorder and depressive disorders that significantly impact the inmate's functioning. Antisocial personality disorder is excluded from the study but other personality disorder diagnoses will be considered on a case-by-case basis. Substance abuse or dependance diagnoses will not exclude inmates from the study. Inmates with significant histories of violence or who are likely to be sentenced to state prison will be excluded. Inmates who will reside outside Humboldt County after discharge from the HCCF will be excluded from the study. Neither age nor gender will exclude inmates from the study.

6a. Describe any standardized instruments or procedures that will be used to determine eligibility for Program participation, and the eligibility criteria associated with each (e.g., "significant psychopathology" as measured by the MMPI, etc.).

Participation in the FORT Humboldt program will be based on interviews and chart review by a Masters degree clinician assigned to the FORT Humboldt program, consultation with the HCMH psychiatrist providing services in the HCCF, and a review of pending charges and criminal justice history review performed by a probation officer assigned to the FORT Humboldt program. If there is uncertainty about an inmate having the included diagnoses, psychological testing may be performed.

7. **Sample Size**: This refers to the number of subjects who will participate in the treatment and comparison samples during the entire course of the research. Of course, in any applied research program, subjects drop out for various reasons (e.g., moving out of the county, failure to complete the program). In addition, there will probably be mentally ill offenders who participate in the Program you will be researching and not be part of the research sample (e.g., they may not meet one or more of the criteria for participation in the research), or they may enter into the Program too late for you to conduct the follow-up the research you intend to do. **Using the table below,** indicate the number of participants who will complete the treatment interventions or comparison group interventions, plus the minimum six months follow-up period after Program completion. This also will be the number of subjects that you will be including in your statistical hypothesis testing to evaluate the Program outcomes. Provide a breakdown of the sample sizes for each of the four Program years, as well as the total Program. Under **Unit of Analysis**, check the box that best describes the unit of analysis you will be using in your design.

Sample Sizes (Write the expected number in each group)		
Program Year	Treatment Group	Comparison Group
First Year	0	0
Second Year	25	25
Third Year	40	40
FourthYear	35	35
Total	100	100

Unit of Analysis (Check one)

x	Individual Offender		Family
	Institution		Geographic Area (e.g., neighborhood)
	Other		Other:

8. **Key Dates:**

_ "Program Operational" is the date that the first treatment subject will start in the Program.

_ "Final Treatment Completion" is the date when the last treatment subject in the research sample will finish the interventions that constitute the Program (and before the start of the follow-up period).

_ "Final Follow Up Data" is the date when the last follow-up data will be gathered on a research subject (e.g., six months after the last subject completes the treatment interventions or whenever these data will become available).

Program Operational Date: **November 1, 1999, per grant application.**
Final Treatment Completion Date: **December 31, 2002.**
Final Follow-Up Data Date: **June 30, 2003.**

9. Matching Criteria: (Whether or not you are using a true experimental design), please indicate the variables that you will be tracking to assess comparability between the groups. Matching criteria might include: age, gender, ethnicity, socioeconomic status, criminal history mental health diagnosis, etc.

9.a&b: We believe that the proposed random selection process will produce experimental and control groups that are sufficiently comparable to demonstrate that, by far, the largest single variable in outcome measures will be the treatment received by the respective groups. We will monitor the comparability of the groups. If the random assignment produces groups that begin to be significantly different, a matching process will be implemented. Further, if the BOC is concerned about differences in the two groups resulting from the random assignment process, the proposed selection and assignment process will be altered so pairs of participants will be "matched" prior to their random assignment to the experimental or control groups. These changes in design can be negotiated prior to completion of the contract between the County and the BOC.

9a. After each characteristic listed above, describe how it will be measured.
SEE ABOVE.

9b. Which of these characteristics, if unequally distributed between the treatment and comparison groups, would complicate or confound the tests of your hypotheses? How will you manage that problem?
SEE ABOVE.

9c. If you are using an historical comparison group, describe how you will ensure comparability (in terms of target population and matching characteristics) between the groups.
We will not be using a historical comparison group.

10. Comparison Group: The intent here is to document the kind of comparison group you will using. If you are using a true experimental design, the comparison group will be randomly selected from the same subject pool as the treatment subjects (in which case you would enter "true experimental design" in the space below). However, for quasi-experimental designs, the comparison group might come from a number of different sources such as: matched institutions, matched geographical areas, other matched counties, a matched historical group, etc.

Please identify the source of your comparison group.
The experimental and comparison groups will be randomly selected from a pool of inmates meeting target population criteria.

11. **Assessment Process**: The intent here is to summarize the assessment process that will determine the nature of the interventions that the mentally ill offenders in the treatment group will receive. For example, psychological testing, multi-agency and/or multi-disciplinary assessments, etc. Also, describe the qualifications of those who will be doing the assessments.

The interventions for the mentally ill offenders in the treatment group will be determined by the multi-disciplinary, multi-agency team comprised of the Masters degree clinicians, the case managers, the substance abuse counselor, the program coordinator, and the probation officers with consultation from the Humboldt County Correctional Facility Mental Health Services Team which includes a Humboldt County Mental Health psychiatrist.
The selection of interventions will be based on face-to-face interviews, reviews of mental health treatment and history, substance abuse treatment and history, criminal history, probation history, and the results of the following standardized instruments: The Beck Depression Inventory, the Referral Decision Scale, the Symptom Check List, and the Simple Screening Instrument.

11a. Describe any standardized assessment instruments that will be administered to all treatment group subjects for the purposes of identifying appropriate interventions.

SEE ABOVE.

11b Describe any assessment instrument designed by your county that you will use.

SEE ABOVE.

11c. Identify which assessment instruments, if any, will also be administered to comparison group subjects.

SEE ABOVE.

12. T**reatment Group Eligibility**: Indicate the process (as opposed to the criteria) by which research subjects will be selected into the pool from which treatment subjects will be chosen. This process might include referral by a judge, referral by a school official, referral by a law enforcement officer, administration of a risk assessment instrument, etc.

The selection process by which research subjects will be selected into the pool from which the treatment group and the comparison group will be chosen is reflected in the chart on Appendix I. Selection for the pool of research subjects will be completed at the "Submit Names To Evaluator" box. The decision to place subjects into the treatment group or the comparison group will be made by a computerized "coin toss".

13. **Comparison Group Eligibility**: Indicate the process by which research subjects will be selected into the pool from which comparison subjects will be chosen. For true experimental designs, this process will be the same as for treatment subjects.

SEE #12 ABOVE.

13a. If procedures for determining the eligibility of participants for the Comparison Group differ from those described in 12, please describe them. If different procedures are used, how will you ensure comparability of the two groups in terms of critical characteristics?

N/A

Answer questions 14 - 17 by filling in the table below as instructed.

14. **Outcome Variables**: In the table below, list some of the most important outcome variables that you are hypothesizing will be positively affected by your Program. Possibilities include improvement in personal functioning, arrest rate, successful completion of probation, alcohol and drug–related behavior, risk classification, etc.

150 **Score/Scale**: To "measure" the effects produced by your Program requires putting the variable in question on some sort of measuring scale (e.g., a test score, a count of occurrences, a rating scale, a change-score indicating progress of some sort). For each variable, for which you are making a hypothesis, indicate in the table below the measurement that you will be statistically analyzing when you test your hypothesis.

160 **Additional Information**: To explain more fully how you intend to test your hypothesis, you might find it helpful to supply additional information. For example, you might intend to partition the data by gender, or make differential hypotheses for

different age ranges. Supplying "additional information" is optional; but if there is some aspect of the hypotheses testing that is important for us to know about, please supply the information in this section.

16a. For each outcome variable that will not be measured by a standardized assessment procedure, describe the measurement procedures that will be used. For instance, if your county has developed a risk-assessment tool that you will be using to measure change, please describe how it works.

170 **Significance Test**: In order for a statistical procedure to be the appropriate test of a particular hypothesis, certain assumptions must be met. It is critical at the outset of a research design to make sure that the measuring devices, measuring scales, samples, and methodology produce the kind of data that fit the requirements of the intended statistical procedure. In this section, please list your choice for the testing of your hypothesis, given the research design you have chosen, the measurement you will use, and the data you will be collecting.

Question 14 Outcome Variables		Question 15 Score/Scale	Question 16 Additional Information	Question 17 Significance Test
6	Mental Health Status	SCL		Chi-Square
7	Substance Abuse	Addiction Severity Index (ASI)		Chi-Square
8	Medical Status	ASI		Chi-Square
9	Legal Status	ASI		Chi-Square
10	Employment Status	ASI		Chi-Square
11	Family and Social Relations	ASI		Chi-Square
12	Psychiatric Status	ASI		Chi-Square
13	Capacity to Respond Effectively to AOD Abuse Opportunity Situations	Problem Situation Inventory		ANOVA/Chi-Square

The following questions are supplemental to the Research Design Summary Form and will help us understand how you intend to manage data collected for this project.

18. What additional background information (if any) will be collected for the participants (both treatment and comparison)? For instance, will you gather information about family criminal background, drug involvement, family variables, work history, educational background, etc. If so, what will be collected and how?

The control group and the treatment group will complete the standard Jail Pre-booking/Medical and Mental Health Screening (See Appendix II) administered by HCCF correctional staff and the screening/assessment administered by FORT Humboldt staff and described in 6a. above.

19. How will the process evaluation be performed? What components will be addressed and how will they be measured (e.g., services available and frequency of use of those services by each participant)? What is the time frame for gathering process-related information? What recording mechanisms will be used? If descriptive or statistical analyses will be performed, please describe what they will be.

The integrated evaluation design will operationalize four classes of program process independent variables, variables which define implementation of the Wraparound approach to delivery of services. First, are the Wraparound Team

Collaboration Variables (labeled, for convenience, the Collaboration Variable). These refer to the degree to which effective collaborative Wraparound Family Service Teams, and an effective system of inter-agency collaboration to support development of such teams are in place. Second, are the Wraparound Service Delivery Variables (labeled, for convenience, the Service Delivery Variable). This class encompasses adequacy of knowledge about, skill in, commitment to, and extent of utilization of, the Wraparound approach to service delivery among probation and non-probation professionals, community resource persons, and agencies participating in the program. The third class is the Service Adequacy Variables (labeled, for convenience, the Service Adequacy Variable). These variables address the level and appropriateness of the content of the services to which the participants are referred, in relation to what the minor and family need. Fourth, are the Participant Empowerment Variables (labeled, for convenience the Empowerment Variable). These variables identify the extent to which the participants experience access to the process of planning the services to which they will be referred, voice in determining what those services will be, and a sense of ownership of their service plans.

200 Describe how you will document services received by the treatment and comparison group members. Examples are: how many counseling sessions did the subject attend, how intense (and by what measure) was the drug treatment, did the subject complete the interventions, etc.?

Control group and Treatment group participants will be required to sign releases of information which will allow FORT Humboldt research, probation, substance abuse treatment or mental health treatment staff to review mental health, substance abuse treatment, and probation charts to determine the number of contacts each participant had with each modality. The primary focus of chart reviews will be the number of contacts each participant had in each modality. The secondary focus of the chart review will be to determine if the participant's participation was consistent with the multi-disciplinary treatment plan and with the stipulations of probation.

There will be no attempt to assess the quality of the services provided. For example, there will be no attempt to assess the intensity or quality of the substance abuse treatment the participant received.

210 What will be the criteria for completion of the program (by what criteria will you decide that the research subject has received the full measure of the treatment that is hypothesized to have a beneficial impact. For instance, will the Program run for a specified amount of time irrespective of the participants' improvement or lack thereof? If so, how long? Alternatively, will completion be determined by the participants' having achieved a particular outcome? If so, what will that outcome be and how will it be measured? An example is decreased risk as measured by a "level of functioning" instrument.

Participation in the FORT Humboldt program will be for a minimum of 9 months and for a maximum of 12 months. Program completion will occur when the treatment group member makes the transition from FORT Humboldt program services to standard community based programs. That transition will occur when the multi-disciplinary FORT Humboldt service delivery team determines the participant is ready for the transition and the Presiding Judge concurs.

22. If Program completion will be linked to probation terms, how will you record those terms and identify adequate completion? Examples include completion of mental health or substance abuse programs, etc.

Program participation, as determined by the FORT Humboldt multi-disciplinary service delivery team, will be specified in the terms of probation. Completion of FORT Humboldt portion of the terms of the probation will be determined by the process outlined in 21 above.

23. On what basis will a subject be terminated from the Program and be deemed to have failed to complete the Program? Will those who leave, drop out, fail, or are terminated from the Program be tracked in terms of the research dependent variables? For how long?

Treatment group participants will be terminated from the FORT Humboldt program if: the participant re-offends and is sentenced to state prison; the participant, contrary to the stipulations of probation, elopes from Humboldt County and does not return; if the participant engages in violent or threatening behavior toward the FORT Humboldt program staff.